Rocky Mountain Regional CASU

Wellness Center

Denver Federal Center Bldg. 75

RMRC Use Only				
CashCheck				
Amount Pd				
Months Pd. For				
Agency				
Date				
Initials				

MMS Employee MEMBERSHIP AGREEMENT Fiscal Year 2006 Assumption of Risk - Waiver of Liability

Key Card Number: _____

Print Legibly Please (* Are required fields – must be completed in their entirety)					
Member's Full N	ame*:				
Agency *:	(Indicate full acronym with	Dept/Bureau/Ag	gency/Division of Fed. Employee)		
Member Type:	Federal Employee	Retired	Immediate Family		
Office/Home Ad City	dress*: State_	Zip Code	·		
Office/Home Pho	one*:				
Email Address:_					
Fax Number:					
Emergency Cont	act*:		Phone*:		
Physician*: Phone *:			-		
MMS Authorizat			Date *		

As an MMS employee I understand that I must participate regularly at the Wellness Center in order					
for my reimbursement policy to be eligible. In consideration for access to the Wellness Center, I, *employed by MMS make the following statements and					
representations, intending that RMRC and the Wellness Center rely thereon, and I agree that:					
1.	I will be bound by and observe the Code of Conduct attached to this document.				
2.	If I become a member I agree to pay the established fee prior to my use of the Wellness Center and will always use the key card for access. Any questions regarding this requirement will be directed to RMRC in Bldg 41, Room 137 at the DFC; (303) 236-1942.				
3.	I acknowledge my own responsibility for assessing the status of my own health and fitness to engage in an exercise program. To the best of my knowledge I am in good health and know of no ailment, impairment, or any other condition that would limit or restrict my using any equipment of the facilities of the Wellness Center. I understand that I should receive approval by my physician before engaging in any exercise program if I knowingly have ailments that could restrict that program. I realize that it is necessary for me to report promptly to a qualified medical doctor any signs or symptoms indicating any abnormality or distress.				
4.	In consideration of my acceptance as a member, I, for myself, my heirs, executors and administrators waive and release any and all claims and rights for damages I may have or hereafter may accrue against RMRC and/or the Wellness Center Contractor.				
5.	I assume all the of the risks inherent to any exercise program, and in the use of all equipment, implements, or machines involved in such fitness or exercise program, including but not limited to: injury, strain, sprains, heart attacks, stroke, arrhythmias (abnormal heart beats), blood pressure irregularities, which could lead to death, etc. whether self-inflicted or caused by the unintentional acts of others.				
6.	I acknowledge that the facilities and locker room are unmanned and not supervised, and therefore I personally assume the risk for personal property I take into the Wellness Center and I release the Wellness Center contractor, RMRC, the Department of the Interior/Minerals Management Service, and all its members for any liability resulting from the loss or theft of any valuables while I am using the facilities.				
7.	I will immediately notify RMRC (303) 236-1942 of any equipment I suspect or know of being defective, broken, inoperative, or dangerous. Knowing the above, I assume the risks of any injuries that may result from the use of defective equipment, machinery or facilities.				
8.	I understand that any disputes regarding my membership fees will be directed to the RMRC in Bldg 41 at the DFC; (303) 236-1942.				

_*(Signature) ____ *(Date)

Wellness Center

Conduct Codes

Users of the Wellness Center shall observe and obey these conduct codes:

- Refrain from physically threatening behavior and/or abusive profane language toward fellow Wellness Center users, contract personnel, and the RMRC staff.
- Refrain from giving directions regarding the Wellness Center operations to contract personnel.
- Operate and use Wellness Center equipment /facilities in a reasonable safe manner. As well as clean up after each use.
- Pay all fees, as applicable, prior to using the Wellness Center Facility.
- Observe and obey the rules of operation; i.e., wiping off machines after use, placing used weights back on weight racks etc...Maintaining respectable/clean hygiene.

Failure to observe the Conduct Code could result in debarment from the Wellness Center

Questions or comments about the conduct code requirements should be referred to Melissa Pfau, Program Director, RMRC (303) 236-7438

DENVER FEDERAL CENTER WELLNESS CENTER/WORKOUT FACILITY

(Operated by the RMRC on behalf of the members)

For the past 14 years, the Wellness Center has been serving the Federal community and its contractors. Located in Building 75, it is centrally located within the Federal Center and offers the following to its members:

CARDIOVASCULAR AREA

Life Cycles, Treadmills, Ellipticals, Rowing Machines, Stairmasters, & more

FREE WEIGHTS

Dumbbells (3# to 75#), Weight Benches, Incline Benches, Squat Rack, Barbells

WEIGHT MACHINES

Leg Press, Chest Fly, Lat. Pulldown, Abdominal Crunch, Chest Press, Arm Curl, and Many More!!

LARGE AEROBICS ROOM

1500 ft² mirrored workout studio with: Fit balls, Therabands, Heavy bag and misc. boxing equipment, Jump Ropes, T.V. w/VCR for aerobic workout tapes, and Stereo System. Classes are offered to members and nonmembers. Studio may be available upon request.

EXTENDED HOURS:

Monday – Friday	5:00 AM.~ 8:00 PM.
Saturday – Sunday	7:30 am – 4:00 pm

For those members who like to workout early before heading out to work, the 5 a.m. start is the ticket. If you are one of those who like to work off the stress of the workday, the late day workout may be what you prefer.

KEY CARD ACCESS ONLY

Why the key card you ask? Simple: Cost. Going to the key card, unmanned system saves big bucks. This allows for the lower cost of a membership...and no line to slow you down at the front desk!

INCREDIBLY LOW MONTHLY FEE

Month to Month	\$20	
6 Month Prepay	\$90	(= \$15/month)
1Year**Prepay	\$144	(=\$12/month)

^{**} limited to the FISCAL YEAR (Oct-Sept)

FOR MORE INFORMATION, PLEASE CALL: Kiel Hovland @ (303)236-6911